

APPENDIX A - YEAR 1: April 1 2023 – March 30 2024
Status and Compliance

Item	Status/Notes	Supporting Documentation	Confidential Documents
<p>1. Update as to status and work of Government Roundtable.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Government Roundtable is established. • Membership includes Deputy Minister, Associate Deputy Ministers and/or Executive Director level representation from the departments of: Health and Wellness (DHW) , Community Services (DCS), Seniors and Long Term Care (SLTC), Communities Cultures Tourism and Heritage (CCTH), Education and Early Childhood Development (EECD), Municipal Affairs and Housing (MAH), Justice, Labour Skills and Immigration (LSI), and the Office of Mental Health and Addictions (OMHA), and the Nova Scotia Health (NSH). The Roundtable is chaired by Executive Deputy Minister for Communities and Social, Tracey Taweel and has been meeting regularly overseeing progress of the Remedy. • Met on: Jan 11 (Inaugural meeting of formally established Roundtable, previously was ad hoc) • Met on: April 17 (Reviewed results of SWOT, briefed on No New Admissions Policy and Facility Closure Strategy) • Next meeting scheduled for 29 May 2024 to: <ul style="list-style-type: none"> ○ Review draft Annual Progress Report ○ Confirm Remedy requirements for Year 2 by Department 	<ul style="list-style-type: none"> • 1 - Email from Ex DM Taweel requesting DMs nominate members • 2 – Agenda Remedy Roundtable 11 January 2024 • 3 – Remedy Roundtable Presentation 11 January 2024 • 4 – Remedy Roundtable Presentation 17 April 2024 	
<p>2. Complete transfer of DCS <i>Social Assistance Act</i> DSP Intake function and Care Coordination staff to the Disability Support Program.</p>	<p>EXACT COMPLIANCE – Transfer of Intake</p> <ul style="list-style-type: none"> • Intake transfer completed in March 2024 • The function of “intake” or the entry point for new applicants has been shifted from a centralized model that included applicants for ESIA to a function solely for applicants to DSP. This ensures that applicants are speaking with someone who is knowledgeable about DSP early on in their application and receiving appropriate support and information. This interim intake process will change once the new roles (LAC, IPSC, EFAC) are in place. <p>SUBSTANTIAL PROGRESS – Transfer of Care Coordination staff</p> <ul style="list-style-type: none"> • Director of DSP Service Delivery in place 21 May 2024. • This position was required to be in place before the transfer of the Care Coordinator function could be initiated. 	<ul style="list-style-type: none"> • 5 - Announcement of changes to intake • 6 – DSP Intake Update • 7 – DSP Interim Intake What’s Changing • 8 - Future state organizational chart 31 May 2024 	

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	<ul style="list-style-type: none"> The transfer of Care Coordination staff is planned to be completed by 01 August 2024. Bi-weekly webinar with Care Coordination Staff to prepare them for the change and generate buy-in and commitment to the Remedy 		
<p>3. Transfer of Disability Support Program (DSP) current model care coordination functions to Local Area Coordination (LAC) and Intensive Planning and Coordination (IPSC) by regions; handover planning coordination support from current model of Care Coordinators to LACs and IPSCs.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> Scheduled for November 2024 Once the decision was made to create new positions from scratch, rather than rely on existing job descriptions the Human Resources processes took longer than the timelines reflected in the Interim Order The province anticipates the adjusted timelines will not impede the ultimate 5 year timeframe of the Remedy given the entire Regional Hub leadership is anticipated to be in place by early July focused on training and recruitment of LACs and IPSCs. The Remedy recommended hiring IPCSs, EFACs, & LACs by 31 March 2024 which would not have allowed sufficient time to recruit, onboard and train the leadership team they report to and are supported by. Based on advice from experts with previous experience implementing the LAC practice framework, implementation timelines were extended to allow the establishment of a robust leadership structure fully trained in the LAC/IPSC fidelity checklist and practice framework before bringing IPCS, LACs & EFACs on board. In addition, the creation of new positions necessitated new job descriptions and position classifications which are time consuming undertakings and required significant work given these types of positions do not currently exist in the provincial government. LAC & IPSC Job Descriptions and classifications complete LAC & IPS DRAFT practice framework complete LAC & IPSC fidelity checklist complete Future state organizational structure designed 85 new LAC and IPSC positions in 2024/25 budget 	<ul style="list-style-type: none"> 9 - Rationale from Ralph Broad on recruiting and training Regional Hub Leadership in advance of front-line LAC & IPSC 8 - Future state organizational chart 31 May 2024 10 – Timeline to Establish Regional Hubs 11 - LAC Job Description 12 - CONFIDENTIAL LAC Practice Framework DRAFT 13 - LAC Fidelity Checklist 14 - IPSC Job Description 15 - CONFIDENTIAL IPSC Practice Framework DRAFT 16 - IPSC Fidelity Checklist 	<p>DRAFT¹</p> <ul style="list-style-type: none"> 12 – CONFIDENTIAL LAC Practice Framework DRAFT 15 – CONFIDENTIAL IPSC Practice Framework DRAFT

¹Draft documents are considered “advice” until finalized, and s.14 of FOIPOP applies.

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<p>4. Continue development and implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC):</p> <p>a. Regional lead positions developed and recruited</p> <p>b. Regional leads to lead recruitment of new Local Area Coordination (LAC) and Intensive Planning and Support Coordination (IPSC) staff.</p> <p>c. Policy and practice framework established, including fidelity criteria.</p> <p>d. Job specifications developed for Local Area Coordination (LAC), Individualised Planning and Support Coordination and Intensive Planning and Support Coordination.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • The province is in exact compliance with all aspects except for the hiring of the Regional Hub Managers and Team Leads which is imminent. Both positions are currently posted for recruitment. • Future state organizational structure designed, includes some additional leadership positions (Executive Director DSP Service Delivery, Director Regional Hubs, Director DSP Service Delivery) required for successful delivery of the Remedy but not identified in the Remedy. The creation of, and recruitment for, these positions was required to support implementation of Local Area Coordination and has been completed. The original timelines did not reflect the need for these leadership position. • Job Descriptions and Classifications created and approved for Regional Hubs Managers, LAC & IPSC Team Leads, LAC, IPSC, EFACs • Policy and practice framework established in draft for LAC and IPSC • Regional Hubs Manager competition in progress, closing date 12 June 2024 • LAC, IPSC and EFAC Team Lead competition in progress, closing date 14 June 2024 • Regional Hubs Training Plan under development 	<ul style="list-style-type: none"> • 8 - Future state organizational chart 31 May 2024 • 10 – Timeline to Establish Regional Hubs • 11 - LAC Job Description • 12 - CONFIDENTIAL LAC Practice Framework DRAFT • 13 - LAC Fidelity Checklist • 14 - IPSC Job Description • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT • 16 - IPSC Fidelity Checklist • 18 - EFAC Job Description • 19 - EFAC Fidelity Checklist • 20 - Regional Hub Manager Job Description • 21 - Regional Hub Manager Job Posting • 22 - Team Lead Job Description • 23 - Team Lead Job Posting • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 	<p>DRAFT</p> <ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 – CONFIDENTIAL IPSC Practice Framework DRAFT • 27 – CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024
<p>5. Benchmark staffing ratios to be met: Ratios set 1:20 for Intensive Planning and Coordination Staff</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Staffing ratios established in the Fidelity Checklists 	<ul style="list-style-type: none"> • 13 - LAC Fidelity Checklist • 16 - IPSC Fidelity Checklist 	<p>DRAFT</p> <ul style="list-style-type: none"> • 34 - CONFIDENTIAL Regional Hub staffing model DRAFT

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(IPSC) and 1:50 for Local Area Coordination (LAC) with 1 Supervisor for each 8 staff.	<ul style="list-style-type: none"> Budget approval received for the required FTEs to establish and maintain these ratios Modelling of regional staffing requirements by position completed 	<ul style="list-style-type: none"> 84- 2024-25 DSP FTE and Budget approvals 34 - CONFIDENTIAL Regional Hub staffing model DRAFT 	
6. Recruit and train 25 new LACs and 40 new IPSCs (including 15 transferred from Care Coordinators).	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> Once the decision was made to create new positions from scratch, rather than rely on existing job descriptions, the Human Resources processes took longer than the timelines reflected in the Interim Order. In addition, based on advice from experts with previous experience implementing the LAC practice framework, implementation timelines were extended to allow the establishment of a robust leadership structure fully trained in the LAC/IPSC fidelity checklist and practice framework before bringing IPCS, LACs & EFACs on board. The province anticipates the adjusted timelines will not impede the ultimate 5 year timeframe of the Remedy given the entire Regional Hub leadership is anticipated to in place by early July focusing on training and undertaking recruitment of LAC and IPSC. 	<ul style="list-style-type: none"> See items 3 & 4 	
7. New planning staff appointed and Institutional Closure teams established.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> Once the decision was made to create new positions from scratch rather than rely on existing job descriptions, the Human Resources processes took longer than the timelines reflected in the Interim Order The province anticipates the adjusted timelines will not impede the ultimate 5 year timeframe of the Remedy given the entire Regional Hub leadership is anticipated to in place by early July focused on training and recruitment of LACs and IPSCs. Provincial Closure Lead in place (Randy Acker) Recruitment of Regional Closure Specialists (formerly Regional Closure Project Leads) in progress (27 May posting closing date) Community Living Facilitator (formerly Community Capacity Developer) position created will be recruited by Regional Closure Specialists once they are in place. 	<ul style="list-style-type: none"> 24 - Regional Closure Specialist Job Description 25 - Regional Closure Specialist Posting 26 - Community Living Facilitator Job Description 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 28 - Agenda from inter-governmental workshop on the role of Community Living Facilitator 	<p>DRAFT</p> <ul style="list-style-type: none"> 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024

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	<ul style="list-style-type: none"> • There were engagements over the winter with other government departments including CCTH, MAH and the Accessibility Directorate regarding the role of and the most appropriate service delivery framework and location for the Community Living Facilitator function. Based on these engagements and further discussion with the expert authors of the Remedy Technical Report, it was agreed that a Community Living Facilitator was a more appropriate term and role description for what was intended and reflected in the job description 	<ul style="list-style-type: none"> • 29 - Notes from inter-governmental workshop on the role of Community Living Facilitator 	
<p>8. “Regional Closure Strategy” developed with facility priority, timelines, capacity building and lifestyle enhancement including:</p> <p>a. Plan for Regional Closure teams (n=42 staff) with regional process for prioritization of closures</p> <p>b. Align closures with people moving from Long Term Care, psychiatric hospitals and forensic facilities (including data)</p> <p>c. Planning commences for next groups including capacity building and enhanced current lifestyle (n = 133).</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Regional Closure Strategy identifying facility priority, timelines and capacity building developed and communicated to ARC/RRC participants, organizations, staff via on site sessions led by ED DSP. RCF sessions in progress being led the Provincial Closure Lead. • Support requirements for Long Term Care, psychiatric hospitals and forensic facilities reflected in modelling and Shared Services program work. • The Regional Closure Strategy was developed in consultation with the DSP Advisory Committee, expert authors of the Remedy Technical Report, DSP staff and Diverse Abilities NS. The strategy being designed to: <ul style="list-style-type: none"> ○ Prioritize individual determination and participant agency in the community transition process. ○ Promote equity across institutions by starting all closures simultaneously allowing for provincial coordination across regional teams. ○ Set ARC/RRC transition timelines around the institution’s size/number of occupants through years two to five. ○ Allow for a substantial number of community transitions in year two, enabling extended community. ○ Support requirements for Long Term Care, psychiatric hospitals and forensic facilities reflected in modelling and Shared Services program work. ○ Transitions to occur in years 3-5, if needed, while ensuring time for adjustments and planning. 	<ul style="list-style-type: none"> • 30 - Facility Closure Strategy ARC-RRC • 31 - Facility Transition Strategy RCF • 32 - CONFIDENTIAL Facility Closure Funding Alignment Process DRAFT • 33 - Facility Closure Guide Updated Guidebook Approach • 34 - CONFIDENTIAL Regional Hub staffing model DRAFT • 35 - Development Transition Fund Project Charter • 37 - Facility Closure FAQ Staff • 38 - Facility Closure FAQ Participants • 39 - Facility Closure FAQ Families and Support Networks • 40 - Facility Closure FAQ Service Provider Leadership • 41 - Facility Closure Communication to Care Coordinators 	<p>DRAFT</p> <ul style="list-style-type: none"> • 32 – CONFIDENTIAL Facility Closure Funding Alignment Process DRAFT 34 - CONFIDENTIAL Regional Hub staffing model DRAFT

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	<ul style="list-style-type: none"> ○ Allow for resource distribution in regions to optimize service delivery capacity. 	<ul style="list-style-type: none"> ● 42 - Facility Closure Letter Template for participants on the Service Request List for ARC/RRC 	
9. Recruitment and training of 4 Regional Closure Project Leads and 4 Regional Community Capacity Developers.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● See item 7 	<ul style="list-style-type: none"> ● See item 7 	
10. Community Capacity Developers commence, initial training.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● See item 7 	<ul style="list-style-type: none"> ● See item 7 	
11. Regional Closure Project Leads commence (possibly from existing Care Coordination).	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● See item 7 	<ul style="list-style-type: none"> ● See item 7 	
12. Institutional Closures Province-wide Closure single central point of leadership established.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> ● Provincial Closure Lead in place. 	<ul style="list-style-type: none"> ● See item 7 	
13. Strengthen emergency response capacity.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● Work on this was contingent on having the Director of Allied Health Supports in place to lead it. The Director of Allied Health Supports started on 21 May 2024. ● Strategy development underway. ● Scoping workshops held with the Technical Report authors and DSP staff in November 2023. As a result, a shift in approach and messaging moving away from “emergency response” which suggests replicating existing emergency response services that already exist in the community, and instead focus on removing barriers to program participants accessing those existing services and strengthen strategies to prevent crisis. ● As a result, the initiative has been renamed to Crisis Prevention and Community Response Strategy. The focus will be on helping people develop plans for when a crisis may happen and to support our community emergency response services to provide effective service to persons with disabilities. ● Engagement with existing service providers underway 	<ul style="list-style-type: none"> ● 43 - Project Charter for Crisis Planning and Community Response Strategy ● 44a – Crisis Prevention and Community Response Literature Review ● 44b – Crisis Prevention and Community Response Engagement Plan ● 44c – Crisis Prevention and Community Response Schedule of Engagements 	

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	<ul style="list-style-type: none"> Expected to be completed by November 2024 to align with establishment of Regional Hubs 		
<p>14. Approve and implement on a priority basis an emergency response strategy and Emergency Response Team:</p> <p>a) Provide enhanced resources necessary to implement the strategy;</p> <p>b) Emergency Response Team to be 50% operational.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> See item 13 	<ul style="list-style-type: none"> See item 13 	
<p>15. Province to set dates for policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.</p>	<p>EXACT COMPLIANCE</p> <p>No New Admission Policy established, effective date:</p> <ul style="list-style-type: none"> 01 January 2025 ARC, RRC, RCF 01 January 2026 Group Homes and Developmental Residences The policy is going into effect January 1, 2025, to ensure the resources required for successfully implementation are in place, specifically Regional Hubs including: Regional Closure Teams, EFACs, IPSCs and LACs and Emergency Response/Crisis Prevention Capability At the same time the new Individualized Funding Policy will also be in place by November to enable flexibility in the system to support people to live in community, rather than in institutions. 	<ul style="list-style-type: none"> 45 - No new admissions policy changes with schedule 	
<p>16. Province implements policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> Guidance from the Technical Report specifies that the no new admission policy be established once the emergency response capability is in place (see page 81 of the Technical Report). The emergency response capability (now being referred to as ‘crisis prevention and community response’), is under development and plan to have it in place in late 2024 to allow for 01 January 2025 implementation of the no new admissions policy for ARC, RRC and RCF. 	<ul style="list-style-type: none"> See item 15 	
<p>17. Work with SLTC and review and revise the policy on admissions to LTC (for young people) and</p>	<p>COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> This section of the DSP policy has been removed (9.3 & 9.4). A more collaborative approach to assessing eligibility for persons with complex medical needs is being developed. 	<ul style="list-style-type: none"> 46 - DSP Eligibility Policy Changes 	<p>DRAFT</p> <ul style="list-style-type: none"> 51 – CONFIDENTIAL Eligibility Approach May 2024

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<p>ensure no admissions to LTC occur due to DSP failure to provide appropriate community supports.</p>	<ul style="list-style-type: none"> • DSP continues to build on the original pilot to create an independent living program for persons with disabilities under 65 who have historically been supported in Long-Term Care Facilities. • The goal did not require revisions to LTC admission policy, instead was addressed by DSP policy changes whereby individuals are no longer deemed “ineligible” for DSP due to their medical or behavioural support needs. 	<ul style="list-style-type: none"> • 47 - Communication to service providers regarding Shared Services opportunity • 48 - Shared Services Expansion Presentation September 2023 • 49 - Shared Services Indication of Interest for potential participants • 50 - Shared Services Update February 2024 • 51 – CONFIDENTIAL Eligibility Approach May 2024 Presentation to Leadership DRAFT • 51.a CONFIDENTIAL Eligibility Screening Tool DRAFT • 51.b CONFIDENTIAL DFSC Functional Screening Tool DRAFT 	<p>Presentation to Leadership DRAFT</p> <ul style="list-style-type: none"> • 51.a CONFIDENTIAL Eligibility Screening Tool DRAFT • 51.b CONFIDENTIAL DFSC Functional Screening Tool DRAFT
<p>18. Coordinate with facilities to begin planning for staff redeployment.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Unions have been briefed on the Facility Closure Strategy. • Tools and processes to support staff redeployment are under development including: <ul style="list-style-type: none"> ○ Service Development Transition Fund providing one-time funding to support DSP service providers realize changes in culture and capability. ○ Occupancy Funding Model to provide Service Providers with financial predictability and stability as admissions cease and occupancy decreases and flexibility to redeploy staff to new roles. ○ Facility Closure Guidebook identifying requirements, processes, roles and responsibilities. ○ Workforce Survey conducted to support development of Workforce Strategy ○ Workforce Strategy initiatives delivered or in implementation: 	<ul style="list-style-type: none"> • 32 – CONFIDENTIAL Facility Closure Funding Alignment Process DRAFT • 33 – CONFIDENTIAL Facility Closure Guide Updated Guidebook Approach • 34 - CONFIDENTIAL Regional Hub staffing model DRAFT • 35 - Development Transition Fund Project Charter • 37 - Facility Closure FAQ Staff • 52 - Workforce Survey Insights 	<p>DRAFT</p> <ul style="list-style-type: none"> • 32 – CONFIDENTIAL Facility Closure Funding Alignment Process DRAFT • 33 – CONFIDENTIAL Facility Closure Guide Updated Guidebook Approach • 34 - CONFIDENTIAL Regional Hub staffing model DRAFT

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	<ul style="list-style-type: none"> ▪ Service Provider Recruitment Support from Health Association of NS/Igility ▪ NSCC Certificate of Professional Study in Disability Services Pilot ▪ Trauma Informed Care Professional Development Workshops ▪ NS Career Development Association training program for career development advisors and practitioners on disability support sector workforce ▪ ISANS Bridging Program for disability support sector workforce ▪ Bursary for students enrolling Fall 2024 in Disability Support diploma program with NSCC and eligible private career colleges ▪ Tuition support for fulltime and part-time (work and learn model) enrollment in NSCC’s Behaviour Intervention Advanced Certificate Program ▪ NSCC Micro credential: i) Intro to a Human Rights Based approach ii) Applying a Human Rights based approach in Community 	<ul style="list-style-type: none"> • 53 - Workforce Strategy Update • 54 - Union briefing materials 	
<p>19. Commence and complete new Individualised Funding (IF) policy development and administrative infrastructure planning (including IT and data capability for new IF system).</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Draft Policy developed. • Planning for November rollout of required IT infrastructure complete. • Undertaken procurement for IF “backbone” service to support people to utilize their funding. • Jurisdictional research, workshops, consultations with first voice, etc, have all informed the development of these two elements. • Implementation of new case management system (CCM) required to support full IF implementation underway. 	<ul style="list-style-type: none"> • 55 – CONFIDENTIAL Individualized Funding Policy DRAFT • 56 – CONFIDENTIAL Individualized Funding Policy validation – Accountability Framework DRAFT • 57 - CONFIDENTIAL Individualized Funding Policy validation – Allowable Usage DRAFT • 58 - CONFIDENTIAL Individualized Funding Policy validation Basics DRAFT • 59 - Individualized Funding Engagement Notice • 60 - Individualized Funding Engagement Discussion Guide 	<p>DRAFT</p> <ul style="list-style-type: none"> • 55 – CONFIDENTIAL Individualized Funding Policy DRAFT • 56 – CONFIDENTIAL Individualized Funding Policy validation – Accountability Framework DRAFT • 57 - CONFIDENTIAL Individualized Funding Policy validation – Allowable Usage DRAFT • 58 - CONFIDENTIAL Individualized Funding Policy validation Basics DRAFT

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		<ul style="list-style-type: none"> • 61 - Individualized Funding Notebook • 62 – CONFIDENTIAL DSP Digital Road Map Workshop • 63 – CONFIDENTIAL CCM Blueprint Decisions 	<p>SECURITY²</p> <ul style="list-style-type: none"> • 62 – CONFIDENTIAL DSP Digital Road Map Workshop • 63 – CONFIDENTIAL CCM Blueprint Decisions
<p>20. Complete and implement new assessment model and resource allocation tool</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • This work is well underway, the timeline to finalize implementation is longer than contemplated in the Technical Report give the significant nature of operationalizing a new case management system. There is substantial risk in undermining the success of the Remedy if this foundational work is rushed. • Initial development completed in CCM. • DSP has developed a Supports Framework that will link scores from the InterRAI assessment to funding bands for Individualized Funding. This has been an extensive undertaking of gathering data from 800 mock assessments, analysis of that data, comparisons of other jurisdictions, and development of the funding bands. This will be implemented when the EFACs are hired in the fall of 2024. 	<ul style="list-style-type: none"> • 63 – CONFIDENTIAL CCM Blueprint Decisions • 85 – CONFIDENTIAL InterRAI Assessment example 	<p>SECURITY</p> <ul style="list-style-type: none"> • 62 – CONFIDENTIAL DSP Digital Road Map Workshop • 63 – CONFIDENTIAL CCM Blueprint Decisions <p>DRAFT</p> <ul style="list-style-type: none"> • 85 – CONFIDENTIAL InterRAI Assessment example
<p>21. Develop needs assessment that includes supported decision-making supports.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The InterRAI is a person-centred assessment methodology, based on functional need. • The practice frameworks for LACs and IPSCs includes information on supported decision making. • Training for staff, service providers and community partners on supported decision making is in development. 	<ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 • 63 - CONFIDENTIAL CCM Blueprint Decisions 	<p>DRAFT</p> <ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024

² This document contains information which could affect IT security if publicized. S.15(1)(k) of FOIPOP applies

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		<ul style="list-style-type: none"> • 85 – CONFIDENTIAL InterRAI Assessment example 	<ul style="list-style-type: none"> • 85 – CONFIDENTIAL InterRAI Assessment example <p>SECURITY</p> <ul style="list-style-type: none"> • 63 - CONFIDENTIAL CCM Blueprint Decisions
<p>22. Begin individualization of current funding programs.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Draft IF policy developed will include all program pathways for new placements after November 2024 • Approximately half of current DSP participants are supported in an individualized funding program (FLEX, ILS & AFS) 	<ul style="list-style-type: none"> • 55 – CONFIDENTIAL Individualized Funding Policy DRAFT • 56 – CONFIDENTIAL Individualized Funding Policy validation – Accountability Framework DRAFT • 57 - CONFIDENTIAL Individualized Funding Policy validation – Allowable Usage DRAFT • 58 - CONFIDENTIAL Individualized Funding Policy validation Basics DRAFT • 64 - Program Design Framework Future State September 2023 	<p>DRAFT</p> <ul style="list-style-type: none"> • 55 – CONFIDENTIAL Individualized Funding Policy DRAFT • 56 – CONFIDENTIAL Individualized Funding Policy validation – Accountability Framework DRAFT • 57 - CONFIDENTIAL Individualized Funding Policy validation – Allowable Usage DRAFT • 58 - CONFIDENTIAL Individualized Funding Policy validation Basics DRAFT
<p>23. Initiate process for establishment of an accessible, user facing system for personal budget management and administration.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Procurement process underway for IF Backbone technology and support service • A Request for Proposals has been jointly developed with SLTC. • A Notice of Public Procurement was issued in March 2024 regarding the procurement of an administrative service for Individualized Funding. • An information session with potential proponents was held on the 10th of April. There is significant interest in the sector. • A Request for Proposals will be issued in June 2024 	<ul style="list-style-type: none"> • 65 - Notice of Proposed Procurement IF Backbone • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT 	<p>DRAFT</p> <ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT

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24. Establish Eligibility and Assessment coordinators.	EXACT COMPLIANCE <ul style="list-style-type: none"> • EFAC job description complete • EFAC fidelity checklist complete • EFAC practice framework in-progress • New role will commence November 2024 	<ul style="list-style-type: none"> • 18 - EFAC Job Description • 19 - EFAC Fidelity Checklist 	
25. Develop job description/contract specifications for IF coaches and staff.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • Rather than do this independently a decision was made to define IF coaching and support requirements through IF Backbone project • As a result, the IF coaches and staff will be part of the externally procured “backbone” or admin service and completed on the same timeline. (see item 23 above) 	<ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT 	DRAFT <ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT
26. Commence recruitment of IF coaches (n =4) and staff recruitment/support capacity (n=4 FTE) or Tender for new single entity.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • See item 25 	<ul style="list-style-type: none"> • See items 25 	
27. Develop system for emergency employee cover (likely contracted out) for IF users.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • Emergency Respite project is initiated. Expected completion to coincide with establishment of Regional Hubs at the end of 2024. • This work is predicated on the Individualized Funding policy and administrative services being in place. DSP doesn’t employ direct care staff. However, DSP will kick off an emergency respite service to fill the gap. 	<ul style="list-style-type: none"> • 89 – Community Respite Services Project Scoping 	
28. Commence work with SLTC to ensure consistency in IF work.	EXACT COMPLIANCE <ul style="list-style-type: none"> • SLTC is co-sponsoring the Individualized Funding Backbone Service. They are partners in the design and procurement of this service 	<ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT 	DRAFT <ul style="list-style-type: none"> • 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT
29. Review of current contracts and design for new Province-wide PDP Peer and Technical support program.	EXACT COMPLIANCE <ul style="list-style-type: none"> • DSP has a Person Directed Planning Service that has been operating over the past couple of years. However, considering the recommendations in the Remedy Technical Report to shift this to a more peer-based model, the existing PDP service will be wrapped up. 	<ul style="list-style-type: none"> • 90 - Peer Supported Planning Service Project Scoping • 83 - Approved Family Leadership proposal 	

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	<ul style="list-style-type: none"> DSP is currently scoping out the requirements for a peer supported planning services. Current contracts were reviewed, service providers informed that contracts will not be renewed, wind-down of PDP program commenced in April for completion by December 2024. Partnered with Inclusion NS to connect with families across the province to strengthen their knowledge of the Remedy and how to best support their family member to build an inclusive life in community. 		
<p>30. Commence early focus on Supported Decision-Making practice enhancement.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Supported decision making to be included in IPSC, LAC and EFAC practice framework. Supported Decision making is a core element in the training materials that are being developed for all staff 	<ul style="list-style-type: none"> 12 – CONFIDENTIAL LAC Practice Framework DRAFT 15 - CONFIDENTIAL IPSC Practice Framework DRAFT 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 	<p>DRAFT</p> <ul style="list-style-type: none"> 12 – CONFIDENTIAL LAC Practice Framework DRAFT 15 - CONFIDENTIAL IPSC Practice Framework DRAFT 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024
<p>31. Implementation commences including new ILS plus and Flex Independent expanded programs.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Design underway for new IF pathways through the Community Supports and Services Program Design project that will bridge gap between ILS and SOH All of these new programs will form the basis of “program pathways” or ways people can utilize their individualized funding in the future. No longer will DSP have defined programs such as ILS, Flex, Small Option homes, etc. Instead, program participants will have their individualized funding and they can use that to purchase supports and services that make sense to them. They can choose a self-directed pathway (hiring support staff themselves), a contracted agency, or some combination therein. In advance of approval and implementation of new the IF program pathway, DSP is implementing ILS+ providing up to a maximum of 12 hours/day or 84 hours/week of support hours as a priority to: <ul style="list-style-type: none"> Participants currently residing in an ARC/RRC/RCF to facilitate a transition to community, 	<ul style="list-style-type: none"> 67 - Community Supports and Services Project Charter 68 - ILS+ Policy 	

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	<ul style="list-style-type: none"> - Participants currently residing in a TSA, or to avoid the creation of a TSA, - Participants in hospital to facilitate a transition to community, - Create flow to allow a participant currently residing in an ARC/RRC/RCF, TSA or hospital to transition to a Small Option home (i.e. support a participant currently residing in a Small Option Home to move to community supported through ILS+ thereby creating a vacancy in the home for a participant residing in an ARC/RRC/RCF, TSA or hospital) 		
<p>32. Commence new policy development for Homeshare expansion, new ILS plus, Flex, IF strategy, new TSA/Innovations, School leavers and Waitlist (no current service) Support.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Home Share Design underway • A review of EECD’s Special Education Policy is underway which is an enabler of this work. The updated policy will inform the final design of the School Leavers Program. There will be collaboration and alignment between this work and the design work for the School Leavers Program. • School Leavers Program Design Project has been initiated. There is representation from EECD. • For status of ILS+ see item: 33 • For status of TSA/Innovations see items: 68 & 69 • For Waitlist (no current service) Support see items: 36, 41 & 42 	<ul style="list-style-type: none"> • 69 - Homeshare Design Workshop • 88 – School Leavers Program Design Project Scoping 	
<p>33. Allocate 200 new ILS plus/Flex Independent places.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • DSP has developed and will begin implementing ILS+ providing up to a maximum of 12 hours/day or 84 hours/week of support hours in June 2024. • Given the strong alignment with the Remedy, there have been concerted efforts to leverage ILS as an option for community living, while ILS+ was being developed. • There has also been an increase of 304 (70.2%) participants in ILS from the Baseline 	<ul style="list-style-type: none"> • Appendix B Remedy Metric Report • 68 - ILS+ Policy 	
<p>34. Harbourside closure relocations: 22 of the individuals at Harbourside ARC identified their community of choice and determined the locations of the 10 Small Option Homes.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The closure of Harbourside Lodge is complete. As part of this project 40 new spaces were created in 10 new Small Option Homes. The 22 individuals residing at Harbourside ARC have moved to community and 18 		

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Confirm details of the remaining 18.	other participants from other ARC/RRC also transitioned to community living in the 10 new small option homes <ul style="list-style-type: none"> • One participant has returned to a facility because of a lack of a primary care provider, which occurred in rural Nova Scotia. 		
35. Expanded ILS program as alternative to Small Options Homes.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • See item 31 	<ul style="list-style-type: none"> • See item 31 	
36. Implement discretionary Funding for DSP Waitlist (SRL) Baseline of 589 “eligible but not receiving support” n= 208 (needs slight deduction for TSA).	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • 273 on SLR not receiving support are eligible for the Disability Supplement as of April 1, 2024, from ESIA • DSP is implementing ILS+ providing up to a maximum of 12 hours/day or 84 hours/week of support hours which may support some individuals on the SRL not receiving support including those in hospital or at risk for a TSA. ILS+ will be available in June 2024. 	<ul style="list-style-type: none"> • 70 - Notice of Disability Supplement • 68 - ILS+ Policy 	
37. Baseline versus: Planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic)	EXACT COMPLIANCE <ul style="list-style-type: none"> • Support requirements for Long Term Care, psychiatric hospitals and forensic facilities reflected in modelling and Shared Services program work. 	34 - CONFIDENTIAL Regional Hub staffing model DRAFT	DRAFT 34 - CONFIDENTIAL Regional Hub staffing model DRAFT
38. Young Persons in LTC: Shared services program: increase of 25 new Shared Services spaces in community of choice by March 2024 for a total of 29 Shared Services spaces.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • Identifying candidates for Shared Services was less straightforward and took longer than anticipated. • Over 100 individuals identified as eligible for Shared Services were sent letters about moving to community. As of May 8, 2024, 45 responses had been received: <ul style="list-style-type: none"> ○ 15 interested in moving during the first (current) phase. ○ 11 interested in moving during the second or third phase. ○ 10 not interested in moving. ○ 9 withdrew their consideration for a variety of reasons including a change in living circumstances, reluctance to change, and positive adjustment to the LTC living arrangement. 	<ul style="list-style-type: none"> • 47 - Communication to service providers regarding Shared Services opportunity • 48 - Shared Services Expansion Presentation September 2023 • 49 - Shared Services Indication of Interest for potential participants • 50 - Shared Services Update February 2024 	

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39. New Homeshare options (n= 50) in community of choice	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • See item 32 	<ul style="list-style-type: none"> • See item 32 	
40. Commence planning for School Leavers (n =100).	EXACT COMPLIANCE <ul style="list-style-type: none"> • A review of EECD’s Special Education Policy is underway which is an enabler of this work. The updated policy will inform the final design of the School Leavers Program. There will be collaboration and alignment between this work and the design work for the School Leavers Program. • School Leavers Program Design Project has been initiated. There is representation from EECD. 	<ul style="list-style-type: none"> • 88 – School Leavers Program Design Project Scoping 	
41. Continue work to remove waitlist for eligible applicants and participants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.	EXACT COMPLIANCE <ul style="list-style-type: none"> • 13.3% decrease in Service Request List over baseline • Initiatives underway to support pathway to timely access to accommodative assistance include: <ul style="list-style-type: none"> ○ Introduction of Interim Intake process to clear DSP Intake backlog ○ Establishment of ESIA Disability supplement ○ Implementation of ILS+ ○ 13.5 additional Care Coordinator FTEs to address backlog 	<ul style="list-style-type: none"> • Appendix B Remedy Metric Report • 5 - Announcement of changes to intake • 6 - Intake Update • 7 – DSP Interim Intake What’s Changing • 68 - ILS+ Policy • 70 - Notice of Disability Supplement 	
42. Develop and implement new program policies including arrangements for triage and “immediate assistance” once found eligible.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • This is ultimately dependent on the work being done on the new Individualized Funding Policy/Program and support IF backbone which are planned to be available in November 2024. • Initiatives currently underway to support pathway to timely access to assistance include: <ul style="list-style-type: none"> ○ Introduction of Interim Intake process to clear DSP Intake backlog ○ Establishment of ESIA Disability supplement ○ Implementation of ILS+ ○ 13.5 additional Care Coordinator FTEs to address backlog 	<ul style="list-style-type: none"> • 5 - Announcement of changes to intake • 6 - Intake Update • 7 – DSP Interim Intake What’s Changing • 68 - ILS+ Policy • 70 - Notice of Disability Supplement 	
43. Regional review of “eligible but not receiving support” group to examine demographics and determine priorities.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • Demographic Analysis completed. • Priorities will be identified to be actioned when Regional Hubs are in place. 	<ul style="list-style-type: none"> • 36 – Demographic analysis eligible but not receiving support 	

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44. Complete review and update of DSP eligibility policy in accordance with the <i>Social Assistance Act</i> , including rescinding Eligibility policy sections 9.3 and 9.4. <ol style="list-style-type: none"> a. Review and address situation of individuals previously denied (n=8). 	EXACT COMPLIANCE – Rescind 9.3 & 9.4 <ul style="list-style-type: none"> • Removal of 9.3 and 9.4 complete SUBSTANTIAL PROGRESS – Review and address situation of individuals previously denied <ul style="list-style-type: none"> • Review of individuals previously denied completed and plan to address identified and in progress 	<ul style="list-style-type: none"> • 46 - DSP Eligibility Policy Changes • 71-CONFIDENTIAL Status of 8 individuals previously denied DSP 	PERSONAL³ <ul style="list-style-type: none"> • 71-CONFIDENTIAL Status of 8 individuals previously denied DSP
45. Develop new policy, operational policies and procedures including: <ol style="list-style-type: none"> a) triage and “immediate assistance” once found eligible b) local area coordination (LAC) and individual planning and coordination support c) intensive planning and coordination support (IPSC) d) emergency response team and referrals 	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • Development in progress through Support Planning and Coordination portfolio and Crisis Prevention and Community Response Strategy. • New procedures won’t be implemented until new roles in place in November 2024. 	<ul style="list-style-type: none"> • 12 -CONFIDENTIAL LAC Practice Framework DRAFT • 13 - LAC Fidelity Checklist • 14 - IPSC Job Description • 15 – CONFIDENTIAL IPSC Practice Framework DRAFT • 16 - IPSC Fidelity Checklist • 19 - EFAC Fidelity Checklist • 43 - Project Charter for Crisis Planning and Community Response Strategy 	DRAFT <ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT
46. New DSP program policies developed and implemented for planning and coordination functions, including specific principles and requirements regarding support in community of choice.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • DRAFT Practice framework developed. • Implementation will take place when new roles commence In November 2024 	<ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT 	DRAFT <ul style="list-style-type: none"> • 12 – CONFIDENTIAL LAC Practice Framework DRAFT • 15 - CONFIDENTIAL IPSC Practice Framework DRAFT

³ This document contains significant personal information. Personal information is protected by s.20 of FOIPOP.

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47. Operational procedures and data to reflect updated DSP policy whereby all non-financial eligibility decisions are documented and reviewable.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • The current case management system (ICM) does not have the capability to document this information. A decision was made that it was more efficient and cost effective to build this capability into the new case management system rather than retrofit the existing system which is being replaced. • DSP will be the first program in DCS to fully move into the new digital Collaborative Case Management System (CCM). This new system will enable better tracking on a number of different fronts, including those deemed ineligible. • Required workflows to capture data have been designed. • The blueprint for this new system is approved and DSP will be implementing in November 2024. 	<ul style="list-style-type: none"> • 63 – CONFIDENTIAL CCM Blueprint Decisions 	<p>SECURITY</p> <ul style="list-style-type: none"> • 63 – CONFIDENTIAL CCM Blueprint Decisions
48. Provincially approved new governance structures in place, including design of Regional Hubs.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Approval received for new governance structure and supporting financial and human resources. 	<ul style="list-style-type: none"> • 8 - Future state organizational chart 31 May 2024 • 84- 2024-25 DSP FTE and Budget approvals 	
49. Province to continue its review of Report and recommendations including regional leadership, first voice consultation and co-production.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Establishment of Regional Leadership in progress (see item 4). • First-voice consultation and co-production underway within projects. • Co-produced Rebuilding HOPE Conference held in November 2023. • DSP’s Advisory Committee, which is made up of 50% first voice, continues to advise on Remedy implementation. • Extensive engagements with first voice on Individualized Funding. • Transition Diary Study of former residents of Harbourside other facilities. • First voice representative was part of the recruitment and assessment process for the new Director of Allied Health Support position. 	<ul style="list-style-type: none"> • 8 - Future state organizational chart 31 May 2024 • 72 - Rebuilding Hope 2023 Conference Report • 74 - DSP Advisory Committee Terms of Reference and meeting schedule • 59 - Individualized Funding Engagement Notice • 60 - Individualized Funding Engagement Discussion Guide • 61 - Individualized Funding Notebook • 73 - Harbourside Transition Study 	

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50. Ongoing Government Disability Roundtable with TOR and Ministerial/Cabinet reporting and embedded in Remedy and ideally legislation.	EXACT COMPLIANCE <ul style="list-style-type: none"> • See item 1 	<ul style="list-style-type: none"> • See item 1 	
51. Appoint DSP Clinical Lead to commence design and planning for Regional Teams, building on existing DSP capacity.	EXACT COMPLIANCE <ul style="list-style-type: none"> • Position appointed (now called Director of Allied Health Support), design and planning work has commenced 	<ul style="list-style-type: none"> • 75 - Announcement Director Allied Health Support • 76 - Director Allied Health Support Workplan 	
52. Liaise with Health, IWK Hospital, Mental Health and Corrections regarding current mapping and new proposals, utilizing Government Disability Roundtable process.	EXACT COMPLIANCE <ul style="list-style-type: none"> • Remedy Roundtable has representation from NSH, DHW and OMAH • Joint planning with OMAH, DHW, IWK and NSH to support the Remedy including day long workshop in July 2023 • Joint procurement process with DHW/OAMH for Gap Analysis of existing mental health and primary health care supports for persons with disabilities. • Working group for Clinical Director (Director Allied Health Support) job description included OAMH/NSH participation. • DSP participating in Access and Flow Committee with DHW, SLTC, NSH, OAMH to facilitate and problem solve transition out of hospital for DSP participants 	<ul style="list-style-type: none"> • 77 – Statement of Work Gap Analysis DHW OAMH 	
53. Tender process commences for DSP program multidisciplinary teams.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • The tender process is dependent on the hiring of the Director of Allied Health Support who will lead the process. • The Director position is filled, and an options analysis for the tender process is included in their workplan 	<ul style="list-style-type: none"> • 76 - Director Allied Health Support Workplan 	
54. New mental Health proposals out for tender or funded through Mental Health and Addictions.	SUBSTANTIAL PROGRESS <ul style="list-style-type: none"> • Before a tender for new mental health supports can be undertaken, a gap analysis was required to understand what new supports are required specific to the population served by DSP. • Joint procurement process underway with DHW/OAMH for Gap Analysis of existing mental health and primary health care supports for persons with disabilities. 	<ul style="list-style-type: none"> • 77 – Statement of Work Gap Analysis DHW OAMH 	

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	<ul style="list-style-type: none"> Submission evaluation complete 		
55. Tenders awarded for new programs delivery commencing April 2024.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> RFP for IF Backbone expected release date in June 2024 Joint procurement process underway with DHW/OAMH for Gap Analysis of existing mental health and primary health care supports for persons with disabilities. Submission evaluation underway. Before a tender for new mental health supports can be undertaken, a gap analysis was required to understand what new supports are required specific to the population served by DSP. 	<ul style="list-style-type: none"> 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT 77 – Statement of Work Gap Analysis DHW OAMH 	<p>DRAFT</p> <ul style="list-style-type: none"> 66 – CONFIDENTIAL Request for Proposals Individualized Funding Service and IT Application DRAFT
56. DSP commence integration of institutional teams into new Regional Outreach teams.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> Regional Facility Closure teams are being established. (see item 7) Director of Allied Health Support has been hired and workplan developed. 	<ul style="list-style-type: none"> 8 - Future state organizational chart 31 May 2024 76 - Director Allied Health Support Workplan 	
57. Decide best method for embedding HR principles and enhancing Supported Decision-Making practice, including build into planning and needs assessment re relational support.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Reflected in LACs and IPSCs practice framework. Significant component of training plan under development Current Care Coordinators will also be offered training on these topics in Fall 2024. Micro credential designed and being piloted (focus those currently working in institutions) i) Intro to a Human Rights Based approach ii) Applying a Human Rights based approach in Community. The Cultural and Philosophical Change project is underway specifically focused on changing the philosophy and culture of the disability sector in NS. Will include an action plan to enhance understanding of supported decision making. 	<ul style="list-style-type: none"> 12 – CONFIDENTIAL LAC Practice Framework DRAFT 15 - CONFIDENTIAL IPSC Practice Framework DRAFT 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 78 -CONFIDENTIAL Cultural Change Action Plan DRAFT 	<p>DRAFT</p> <ul style="list-style-type: none"> 12 – CONFIDENTIAL LAC Practice Framework DRAFT 15 - CONFIDENTIAL IPSC Practice Framework DRAFT 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 78 – CONFIDENTIAL Cultural Change Action Plan DRAFT
58. Policy engagement in current review of ACDMA Act Review	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> DSP was part of a multi-department working group that led the review of the ACDMA and which is working to address the recommendations. 	97 – Report on the Review of the Adult Capacity and Decision-Making Act	
59. Tenders awarded for and establishment of External Evaluation Team.	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> DCS’s evaluation division has begun work with Procurement to source an external evaluation team. 	81 – CONFIDENTIAL Remedy Evaluation RFP Working DRAFT	DRAFT

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		<ul style="list-style-type: none"> • 82 – CONFIDENTIAL Market Research Potential Evaluators DRAFT 	<ul style="list-style-type: none"> • 81 – Remedy Evaluation RFP Working DRAFT • 82 – CONFIDENTIAL Market Research Potential Evaluators DRAFT
<p>60. Tender/appointment Leadership and Capability Panel and other key services/infrastructure</p>	<p>COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> • It was determined that establishment of a formal Capability Panel was not required to access supporting expertise. • Multiple experts providing technical leadership and advice on Remedy projects include: Eddie Bartnik, Tim Stainton, Ralph Broad, Lynn Martin, Sue Petten, Angus Buchanan, Lorna Sullivan, Michael Kendrick. 	<ul style="list-style-type: none"> • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 • 79 – Expert Bios 	<p>DRAFT</p> <ul style="list-style-type: none"> • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024
<p>61. Commence development of leadership, innovation and training panel and plan.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • November Conference provided an initial leadership training opportunity. • Training plan and supporting material development is underway. • First round of training to be offered in Summer 2024 for Regional Hub Leadership Team. • Support from multiple experts providing panel like support: Eddie Bartnik, Tim Stainton, Ralph Broad, Lynn Martin, Sue Petten, Angus Buchanan , Lorna Sullivan, Michael Kendrick. 	<ul style="list-style-type: none"> • 72 - Rebuilding Hope 2023 Conference Report • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024 • 79 – Expert Bios 	<p>DRAFT</p> <ul style="list-style-type: none"> • 27 - CONFIDENTIAL Regional Hub Training Plan Summer 2024 DRAFT May 2024
<p>62. Design and trial Leadership training courses, and deliver initial training.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • Draft Training Plan developed, being finalized for delivery in Summer 2024 when the Regional Hub Leadership positions are fully staffed. 	<ul style="list-style-type: none"> • See item 61 	
<p>63. Complete base modeling for the Disability Sector Workforce Plan and commence implementation.</p> <p>a) Priority workforce training and recruitment strategies identified for immediate action.</p>	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • DSP undertook extensive engagements on/with the disability sector workforce over the winter. • Base modeling completed via workforce survey. • Priority immediate actions: <ul style="list-style-type: none"> ○ Service Provider Recruitment Support from Health Association of NS/Igility ○ NSCC Certificate of Professional Study in Disability Services Pilot 	<ul style="list-style-type: none"> • 52 - Workforce Survey Insights • 53 - Workforce Strategy Update 	

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	<ul style="list-style-type: none"> ○ Trauma Informed Care Professional Development Workshops ○ NS Career Development Association training program for career development advisors and practitioners on disability support sector workforce ○ ISANS Bridging Program for disability support sector workforce ○ Bursary for students enrolling Fall 2024 in Disability Support diploma program with NSCC and eligible private career colleges ○ Tuition support for fulltime and part-time (work and learn model) enrollment in NSCC’s Behaviour Intervention Advanced Certificate Program ○ NSCC Micro credential: i) Intro to a Human Rights Based approach ii) Applying a Human Rights based approach in Community <p>Workplace Safety Initiatives -- Collaboration with SLTC, WCB and LSI (licensed residential only)</p> <ul style="list-style-type: none"> ● Psychological Health and Safety Pilot ● Virtual Reality Training Pilot ● Provision of EFAP benefit to FT, PT an Casual employees ● Provision of Return to Work supports ● SAFERi Leadership Training Program (leadership safety training) ● Safe Handling and Mobility Training for sector ● Workplace Violence Training for Sector Leaders and Safety Champions 		
<p>64. Commence review of Licensing and standards of DSP funded programs and services.</p>	<p>SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● A review has been completed of the Homes for Special Care Act as it relates to Licensing in relation to the requirements of the Remedy. It was prepared by Legal Counsel and subject to client privilege. (Exact Compliance) ● It became clear that reviewing “standards” could not happen until the future state programs are designed to ensure alignment. ● Review of existing standards and design of a new safeguarding framework including new standards, has been included in the scope of the “Community-Based Supports and Services” Project to be completed in summer 2024. 	<p>67 - Community Supports and Services Project Charter</p>	

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65. Commence review of how National Building Code requirements apply to DSP programs.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Engaged with Municipal Affairs and Housing as part of the National Building Code Review providing feedback on proposed changes DSP has also been working with Housing Nova Scotia programs to identify program changes that would remove barriers to for persons with disabilities. 	<ul style="list-style-type: none"> 80 – NS Building Code Feedback DSP Sept 25 2024 	
66. Commence work on new standards for smaller community-based settings.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Commenced through Program Design project. 	<ul style="list-style-type: none"> 67 - Community Supports and Services Project Charter 	
67. Commence review of rental costs assistance policy as a key lever to increase housing supply.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none"> Excess shelter allowances proposed for new IF policy. DSP continues to approve Excess Shelter for people in programs such as ILS. This allows people to “top up” the Standard Household Rate they receive to access suitable housing. DSP has also been working with Housing Nova Scotia to identify program changes that would remove barriers to housing for persons with disabilities. 	<ul style="list-style-type: none"> 58 -CONFIDENTIAL Individualized Funding Policy validation Basics DRAFT 86- DMAH & DSP Understanding Opportunities 	<p>DRAFT</p> <ul style="list-style-type: none"> 58 -CONFIDENTIAL Individualized Funding Policy validation Basics DRAFT
68. Design work commences on Discretionary funding/Innovations and Transition funds.	<p>COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> Components within scope of IF policy and Service Development Transition Fund Project. Other discretionary funding options will be available through the LACs and regional advisory councils. 	<ul style="list-style-type: none"> 55 –CONFIDENTIAL Individualized Funding Policy DRAFT 17 – LAC Discretionary Funding Framework Workshop 	<p>DRAFT</p> <ul style="list-style-type: none"> 55 –CONFIDENTIAL Individualized Funding Policy DRAFT
69. Innovations/transition design work complete. Implementation planning commences.	<ul style="list-style-type: none"> SUBSTANTIAL PROGRESS There is a dependency requiring design of the new IF pathways through Program Design project that will enable innovations/transitions design work. 	<ul style="list-style-type: none"> 55 – CONFIDENTIAL Individualized Funding Policy DRAFT 17 – LAC Discretionary Funding Framework Workshop 67 - Community Supports and Services Project Charter 	<p>DRAFT</p> <ul style="list-style-type: none"> 55 –CONFIDENTIAL Individualized Funding Policy DRAFT